NOTICE OF INDEPENDENT REVIEW DECISION

September 6, 2002

RE: MDR Tracking #: M2-02-0773-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a __ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The __ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to __ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 58 year old female sustained a work related injury on ___ when she fell with a pallet of Igloo coolers falling on top of her. The patient began to experience pain in her lower back. An MRI of the lumbar spine revealed a mild central annular tear of the L4-5 and L5-S1. A discogram describes concordant pain upon injection of L4-5 and L5-S1. There is a posterior tear of the annulus at both levels with the CT scan showing annular tears at L4-5 and L5-S1. The patient has undergone epidural steroid injections with little relief and the treating physician has recommended that the patient undergo Intradiscal Electro Thermal Therapy (IDET).

Requested Service(s)

IDET

Decision

It is determined that IDET is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

IDET has not been proven to be of benefit for patients who have been diagnosed with narrow disc spaces, stenosis of any type, instability (spondylolisthesis), or problems at spinal levels L5-S1. The medical record documentation indicates that this patient has all of the above named conditions. Therefore, the IDET is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,